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Community-based exercise interventions during pregnancy are perceived as a satisfactory and motivating form of exercise engagement

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Category:

Study type: Questionnaire

Declarative title: Evaluation of implementing a community-based exercise intervention during pregnancy

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Commentary

Implications for practice and research

- Community-based exercise groups are perceived by pregnant women as a satisfactory and motivating form of exercise engagement. Attendance may enhance maintenance and/or an increase in antenatal physical activity levels.
- Exploration of how best to implement this activity on a broader scale would be beneficial.

Context

Undertaking the appropriate level of exercise in pregnancy is a highly desirable lifestyle choice and continues to be a heavily researched area of maternal and child health. Studies exploring the benefits of antenatal exercise are numerous, with several having focussed on the provision and acceptability of exercise classes. Other approaches have also been explored, such as cognitive-behavioural lifestyle interventions and behaviour change interventions, as well as those with a dietary and nutritional focus.

Just as studies aimed at determining the optimal frequency and intensity of exercise are vital for future individual and public health outcomes, so too is an understanding of what motivates or hinders engagement in such activity during this crucial period.

Methods

This study used questionnaire evaluation of a community-based antenatal exercise group; subsequent data was analysed using SSS Software V.21 for Windows. The methods outlined pertain to this evaluation, and to the larger primary study from which it originates (Sagedal et al., 2016a, 2016b). In the primary study, pregnant women who met the recruitment criteria (in first 20 weeks

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of pregnancy with a single foetus, ≥ 18 years of age, and pre-pregnancy BMI of ≥ 19) were invited to attend twice-weekly, 60 minute supervised exercise classes for the remainder of their pregnancy.

A pre-piloted, 13 item questionnaire was completed by 68.2% of participants of this intervention.

Questionnaire data was used in conjunction with demographic and health data from the primary study, generating findings. The authors distinguished between high and low attendance, suggesting that an attendance of $\leq 75\%$ at sessions was low adherence, and an attendance of $\geq 75\%$ constituted high adherence.

Findings

90.4% of invitees attended at least one session; most attended at least 75% of sessions. 4.7% had 100% attendance. Data comparing low and high adherence indicated no statistical demographic or health differences.

High attenders indicated more satisfaction with the group and the instructor than those who attended fewer sessions; and that exercising was less intense. Women preferred a maximum group size of 20 participants and reported group exercise as motivating; they would also recommend the intervention to pregnant friends. Motivational factors and health benefits indicated included exercise enjoyment (60.8%), increased energy for daily life (39.6%) and improved self –confidence (29.6%).

Commentary

This study attempts to illuminate the experiences of participants using closed questions and scaled responses in a self-reporting, 13 item questionnaire. It explores factors relating to drop out and adherence rates, as well as associated motivational factors relating to group exercise during pregnancy, in addition to considering some of the barriers. This is important as it is recognised that exercise in pregnancy can contribute to the physical and mental health of pregnant women, and the health outcomes of the baby (Downs et al., 2012), and the ability to cope with the physiological demands of labour and delivery (Melzer, et al., 2010). It is also apparent that many women are anxious about physically activity and exercise antenatally.

This study obtained data from participants of a community-based exercise group to determine how satisfactory the intervention is, what might motivate participants to have taken part, and how attendance relates to demographic and health information of participants. The questionnaire was piloted among research group members, and edited accordingly, however, a limitation of the study is the closed nature of the response options (Greenhalgh, 2010); response options do not incorporate all possible factors which might influence non- or poor attendance; the study does not make reference to environmental factors like childcare, which may be influential in motivation to engage in physical activity (Downs, et al., 2012).

This study did, however, demonstrate that 85% of participants reported maintenance or increase in their physical activity level throughout pregnancy, which is a particularly positive outcome of this intervention.

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